Version 6

Ashcroft Infant School

Risk Assessment: Delivering Education during COVID-19 Pandemic

Effective – September 1st 2021 Reviewed -August 21

What are the hazards?	Who might be harmed and how?	What are you already doing? List the control measures already in place	the risk rating – H, M,	What further action, if any, is necessary, if so what action is to be taken by whom and by when?	Action Complet ed	What is the risk rating now – H, M,
						L?

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Exposure to COVID-19 New Variant – More transmissable	Everyone on site. General	 Year Group bubbles in place Pupils or staff feeling unwell and displaying symptoms of Covid are asked to isolate and get a PCR test. To inform school of PCR result – if 		 Individual risk assessments carried out for staff at higher risk. Review team stress risk 		M
The virus is spread in minute water droplets that are expelled from the body through sneezing,	transmission may occur: Through close contact between	 negative and well enough then they can attend school If anyone has been in close contact of a positive case they are encouraged to get a PCR test. Frequent handwashing promoted- hourly intervals 		 assessment. Risk assessment for Surface cleaner 		М
coughing, talking and breathing. The virus can be	colleagues, pupils and visitors and	 for children. Hand sanitiser available in classrooms, shared spaces, entrance and exit points. Frequent cleaning of surfaces that pupils touch. 		Discuss cleaning regime		М
transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on	touching contaminated surfaces. New Variant – Highly	 Disposable tissues available in classrooms – lidded bins available for disposal Staff, parents and visitors informed of the measures in place to reduce transmission. Cleaning regime in place 		with cleaning provider		M
such things as the surface type, its moisture content and temperature).	transmissable	 Wrap around care - children will still remain in year group bubbles No after school activities-to be reviewed Spring term COSHH risk assessment in place for hand sanitiser Alternatives are in place instead of face to face events i.e. online prospectus, school virtual tour and class dojo used to introduce class teachers 				M

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through sneezing, coughing, talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).	Staff and casualty. Transmission may occur when providing First Aid	 Wash/sanitise hands before and after treating a casualty. Wear disposable gloves, disposable apron, fluid resistant surgical mask and eye protection where there is a risk of respiratory droplets splashing into the eyes due to repeated coughing or vomit. When performing CPR phone an ambulance and use compression only CPR until the ambulance arrives. If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield where available. (Available in first aid kits) 	 Review Assessment of First Aid Needs. First aiders instructed on the safe "donning and doffing" of PPE. Maintain stocks of PPE. Where this is not available contact Local Resilience Forum/LA. PPE Exchange can be used to help with finding a supplier. https://www.ppeexchange.co. uk/ 	M
	of transmitting the	ild having an out-of-hospital cardiac arrest will b	e known to you. We accept that doing rescue brea d. However, this risk is small compared to the risk	

Staff Transmission may occur when supervising pupils taken ill with symptoms of COVID-19 and need direct personal care until they return home.	 Increase ventilation in the room if possible. PPE provided for supervising adult: Fluid resistant surgical mask if a 2-metre distance cannot be maintained. Where contact with the pupil is needed: Fluid resistant surgical mask, disposable gloves and disposable apron. 	 Maintain stocks of PPE. Where this is not available contact Local Resilience Forum/LA. Consider using first aiders to supervise to reduce numbers of staff who need access to PPE. 	H
Staff and pupil. Transmission may occur when staff administer medicines or supervise pupils who self- administer.	 Supervising staff to maintain 2m social distance. Administering medication – i.e. inhalers/EpiPen's staff to use PPE Non-essential medication not to be administered in school 	•	M

4. Tick ($\sqrt{}$) if any of the identified hazards relate to any of the following specific themes:

Hazardous Substance	Manual Handling	Display Screen Equip	Fire	Work Equip / Machinery	Stress	Individual Person such as Young Person New/ Expectant Mother or Service User
\checkmark					\checkmark	

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If any are ticked a specific risk assessment form must be completed separately. For example a COSHH form must be completed if a hazardous substance is used.

5. Risk Rating

The risk rating is used to prioritise the action required. Deal with those hazards that are high risk first.

Risk Rating	Description	Action Priority
High	Where harm is certain or near certain to occur and/or major injury or ill-health could result	Urgent action
Medium	Where harm is possible to occur and/or serious injury could result e.g. off work for over 3 days	Medium priority
Low	Where harm is unlikely or seldom to occur and/or minor injury could result e.g. cuts, bruises, strain	No action or low priority action

6. Assessment

Signature of Assessor(s):
Print Name:
S.Bowyer
J Fellows
E Lane

Signature of Line Manager:

Print Name: J.Fellows

Date Assessed: 30/08/2021

Review Date: October 2021

7. Communication and Review

This risk assessment should be communicated to all employees and relevant persons who may come into contact with the hazards being assessed. The assessment must be reviewed annually or following a significant change, accident or violent incident.